PTO/SB/17 (02-07)
Approved for use through 02/28/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE and to a collection of information unless it displays a valid OMB control number.

Under t	o.s. Patent and Trademark Office; U.S. DEPARTMENT OF COMM ed to respond to a collection of information unless it displays a valid OMB control n							
Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 1		10/815,346-Conf. #8293		
FEE TRANSMITTAL						March 31, 2004		
For FY 2007						Scott Sibbett		
<b></b> -	Examiner Name A		A. D. Fick					
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 17		1753		
TOTAL AMOUNT OF PAYMENT (\$) 1,240.00				Attorney Docke	t No.	21058/0206758-US0		
METHOD OF PAYMENT (check all that apply)								
Check X Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 04-0100 Deposit Account Name. Darby & Darby P.C.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee								
x Charge any additional fee(s) or underpayments of x Credit any overpayments								
fee(s) under 37 CFR 1.16 and 1.17								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
		ING FEES		ARCH FEES	EXAMIN	IATION FEES		
Annlication T	/pe Fee (\$	Small Entity	Enn /th	Small Entity		Small Entity Fee (\$)	Econ E	) n (d (d)
Application To Utility	300	150	<u>Fee (\$</u> 500	) <u>Fee (\$)</u> 250	<u>Fee (\$)</u> 200	100	rees r	Paid (\$)
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	300	230	000	0		
l		100	U	U	U	U		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$)								
Each claim over 20 (including Reissues) 50								25
Each independent claim over 3 (including Reissues)								100
Multiple dependent claims 360 180								
Total Claims	Claims Extra Claims Fee (\$) Fee		Fee	Paid (\$) Multiple			ole Dependent Claims	
HD hishort num	- = ) ber of total chaims paid for.				<u>Fe</u>	<u>e (\$)</u> <u>F</u>	ee Paid (\$	1
Indep. Claims	Extra Claims	Fee (\$)	Fac (	Paid (\$)		<del></del>		-
indep. Claims	· = CAUA CIBILIS		1 00 1	-aic (#)				
HP = highest num	ber of independent claims	paid for, if greater tha	ın 3.			<u> </u>		
3. APPLICATIO	N SIZE FEE							_
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
	ler 37 CFR 1.52(e)), I					itity) for each ac	Iditional 50	)
	action thereof. See 3					4	Eno I	Paid (\$)
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)  - 100 = /50 (round up to a whole number) x								<u>- alo (4)</u>
4. OTHER FEE(S)  Fees Paid (\$								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00								
1801 Request for continued examination (RCE) (see 37 790.00								
SUBMITTED BY								
Signature	/Raj S Davé/	Registration No. (Attorney/Agent) 42,465 Telephone			(212) 527-7700			
Name (Print/Type)	Raj S. Davé					Date	April 13,	2007